

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

S P — 3 8 8

2. STATE:

Delaware

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY2001 \$ -0-  
b. FFY2002 \$ 34,300.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Page 4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 2.6-A, Page 4

10. SUBJECT OF AMENDMENT: The Delaware legislature increased the personal needs allowance for institutionalized individuals from \$42.00 per month to \$44.00 per month. This amendment reflects that change.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Governor's comments to follow by  
separate correspondence.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Elaine Archangelo*

13. TYPED NAME:

Elaine Archangelo, Director, DSS

14. TITLE: Designee for Vincent P. Meconi,  
Secretary, Delaware Health & Social Services

15. DATE SUBMITTED:

11/14/01

16. RETURN TO:

Elaine Archangelo  
Director  
Division of Social Services  
P.O. Box 906  
New Castle, DE 19720-0906

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

November 16, 2001

18. DATE APPROVED:

February 8, 2002

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

*Claudette V. Campbell*

21. TYPED NAME:

Claudette V. Campbell

22. TITLE: Associate Regional Administrator  
Division of Medicaid & State Operations.

23. REMARKS:

# NEW PLAN

Revision: HCFA-PM-91-4  
August 1991

(BPD)

ATTACHMENT 2.6-A  
Page 4  
OMB No.: 0938-

## DELAWARE

### Citation

### Condition or Requirement

§435.725  
§435.733  
§435.832

B. Post-Eligibility Treatment of Institutionalized Individuals

The following amounts are deducted from gross income when computing the application of an individual's or couple's income to the cost of institutional care:

1. Personal Needs Allowance.

- a. Aged, blind, disabled --  
Individuals \$ 44  
Couples \$ 88

For the following individuals with greater need --

*See Page 4 Addendum*

- b. AFDC related --  
Children \$ 44  
Adults \$ 44
- c. Individuals under age 21 covered in this plan as specified in Item B.7. of ATTACHMENT 2.2-A.  
\$ 44

TN No. SP-388

Approval Date FEB 08 2002

Supersedes

TN. No. SP-375

Effective Date 10/01/2001

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Suite 216, The Public Ledger Building  
150 S. Independence Mall, West  
Philadelphia, PA 19106-3499



FEB 08 2002

Elaine Archangelo  
Director Designee for  
Vincent P. Meconi, Secretary  
Delaware Health and Social Services  
P. O. Box 906  
New Castle, Delaware 19720

Dear Ms. Archangelo:

We are pleased to enclose a copy of the approved State Plan Amendment No. SP-388. The effective date is October 1, 2001. This amendment increases the personal needs allowance for institutionalized aged, blind, and/or disabled adults and children.

If you have any questions, please contact Betty Wheeler of my staff. She can be reached at (215) 861-4190.

Sincerely,

*Claudette V. Campbell*  
Claudette V. Campbell  
Associate Regional Administrator  
Division of Medicaid and State Operations

Enclosure